Certification of Review

of Electronic Files

Research Study Documents

**Principal Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HRPO IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date Certified:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ **Initials of Certifier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**mm dd yyyy**

**I certify that I have reviewed all pages of the documents contained in this electronic file and that the electronic file is an exact copy of the originals, having all of the same attributes and information as the original.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Certifier Date**

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**Printed Name of Certifier Title**

**For industry sponsored trials, please complete the information below.**

**Print Name of Industry Sponsor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**⁯**I certify that the sponsor has agreed to accept electronic storage of research

(*Initial & Date)* documents. Documentation of this acceptance is on file.